

# Insurance release form A&M Towing , Inc.

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## Vehicle Release Authorization Form

VIN#

I \_\_\_\_\_ am releasing my vehicle to my insurance company and any affiliated company. I will not hold A&M Towing, Inc responsible for any damage to said vehicle or any legal issues. I have removed all belongings from the following vehicle.

\_\_\_\_\_ Date: \_\_\_\_\_

- License Here -

NAME: (authorized person or insurance company)

\_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CLAIM# (if applicable) \_\_\_\_\_

